CENTERS FOR MEDICARE & MEDICAID SERVICES							0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>í</i>		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		34G140	B. WING			01/	14/2020
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 017	1-1/2020
				.	702 STEM ROAD		
STEM RO	AD HOME				CREEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 120	meet the needs of each meet the needs of each meet the needs of each meets of 1 of 4 audit of the school. The finding the school. Interview on 1/13/20 were all the school indicated they are not shares information that them. For example, the school is they have not. The terview invited the home program (IP) meeting invited to the homes in (IPP) meetings. Further revealed the school hemerging sexual beaction the school is the school isc) are that outside services ch client. not met as evidenced by: riews and interviews, the e outside services met the client (#6). Specifically the n (BSP) was not shared with g is: vant emerging behaviors or nation was not provided to with 3 high school teachers support plan or individual as provided to them this Il teachers interviewed t confident that the home at may be relevant with	W	120			
	disabilities profession	with the qualified intellectual al (QIDP) revealed that he SUPPLIER REPRESENTATIVE'S SIGNATUR	·F		TITLE		(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		MEDICAID SERVICES		E CONSTRUCTION	(X3) DATE	0. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	PLETED
		34G140	B. WING		01/	14/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
STEM RO	AD HOME			702 STEM ROAD CREEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETIO DATE
W 120 W 153	felt he provided suffic school but he confirm BSP or IPP this year, he had not told the so finding client #6 nake information client #6 sexually he was tryin STAFF TREATMENT CFR(s): 483.420(d)(2 The facility must ensi- mistreatment, neglec injuries of unknown s immediately to the ac	cient information to the ned he had not provided a . He further confirmed that chool about the incident of ed with a peer and the gave them about what g to do to his peer. OF CLIENTS 2) ure that all allegations of ct or abuse, as well as source, are reported dministrator or to other re with State law through	W 120			
	Based on observation interviews the facility were notified immedii potentially affected 1 finding is: The facility failed to re agency and health ca of potential sexual ab					
	core team dated 8/12 sexual contact with a	ient #5's record on 1/13/20, a 2/19 revealed "inappropriate peer." The core team noted pring but not any more				
	#5 was "missing" so	investigation revealed client a search of the home was me, client #6's door was				

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 01/28/2020 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>				(X3) DATE	
		34G140	B. WING				01/	14/2020
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		-	
STEM RO	AD HOME				02 STEM ROAD REEDMOOR, NC 27522			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE		(X5) COMPLETION DATE
W 153	found to be locked. T unlock it. The staff st staff could put the key client #5 opened clien indicated client #6 sta in his behind and ther not. He was taken to report including notific was found. There wa notification of the sche Interview with the faci disability professional confirmed that the IRI notification could not I indicated that the sche discussed but not doo not to inform the scho confirmed this. STAFF TREATMENT CFR(s): 483.420(d)(3 The facility must have violations are thoroug This STANDARD is r Based on record revi facility failed to assure all incidents and elope affected all clients res finding is: Two (2) incidents (one possible sexual encou investigated by the facility failed to the facility investigated by the facility failed to the facility fai	The staff obtained a key to atement revealed before the y in the door to unlock it the #6's door. The report the penetrated client #5 in he said he "tried" but did the hospital but no IRIS cation of law enforcement is no discussion of ool.		153				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
		34G140	B. WING			01/	14/2020
NAME OF PI	ROVIDER OR SUPPLIER		•		STREET ADDRESS, CITY, STATE, ZIP CODE		
STEM RO	AD HOME				02 STEM ROAD CREEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 154	elopement /AWOL ha meeting also noted th be added to his progr to his windows and m back fence. However indicate where he elo gone; where staff was Interview with manag client #5's elopement investigated. During further review 1/13/20, a core team "inappropriate sexual core team noted an ir any more details. Review of the facility #5 was "missing" so a conducted. At that tir found to be locked. T unlock it. The staff st staff could put the key client #5 opened clier indicated client #6 sta in his behind and ther not. He was taken to report including notific was for the psycholog from client #5's collect	ated 7/9/19 revealed an d occurred. The team hat 15 minute checks would am as well as alarms added hodifications made to the r, the core teamt did not ped to; how long he was s when it happened etc. ement on 1/13/20 confirmed happened but was not of client #5's record on dated 8/12/19 revealed contact with a peer." The nerease in monitoring but not investigation revealed client a search of the home was ne, client #6's door was The staff obtained a key to atement revealed before the y in the door to unlock it, at #6's door. The report ated he penetrated client #5 in he said he "tried" but did the hospital but no IRIS cation of law enforcement is no discussion of ool. The recommendation gist to remove "M" games		154			

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STATEMENT	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY
AND PLAN OF	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COM	IPLETED
		34G140	B. WING		0-	1/14/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
STEM RO	AD HOME			702 STEM ROAD CREEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
W 154	discussed but not doo not to inform the scho confirmed this. The C notifications and disc not thorough. The ina was added to a BSP. Further interview with confirmed the eloperr investigated. The psy behavior remains add support plan. STAFF TREATMENT CFR(s): 483.420(d)(4 The results of all inve to the administrator o or to other officials in within five working da This STANDARD is n Based on observatio interviews the facility were notified within fi incident. This potenti client (#5). The findi The facility failed to n agency and health ca of potential sexual ab During a review of clic core team dated 8/12 sexual contact with a	cumented and they opted bol. The psychologist QIDP confirmed without the ussion the investigation is appropriate sexual behavior the QIDP on 1/14/20 hent(s) were never ychologist confirmed this dressed by a behavior OF CLIENTS () estigations must be reported r designated representative accordance with State law mays of the incident.	W 154			

Facility ID: 922652

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	S FOR MEDICARE &					10.0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · · ·	TE SURVEY MPLETED
		34G140	B. WING		o	1/14/2020
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
STEM RO	AD HOME			02 STEM ROAD CREEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE
W 156	10	e 5 investigation revealed client	W 156			
	#5 was "missing" so a conducted. At that tin found to be locked. T unlock it. The staff st staff could put the key client #5 opened clien indicated client #6 sta in his behind and the not. He was taken to report including notific was found. There wa notification of the sch Interview with the fac disability professional confirmed that the IR notification could not indicated that the sch	a search of the home was me, client #6's door was The staff obtained a key to catement revealed before the y in the door to unlock it ated he penetrated client #5 in he said he "tried" but did the hospital but no IRIS cation of law enforcement as no discussion of ool. ility qualified intellectual I (QIDP) on 1/14/20 IS with law enforcement be located. He further iool notification had been cumented and they opted				
W 159	confirmed this.		W 159			
	integrated, coordinate qualified intellectual of This STANDARD is r Based on record rev failed to assure the q professional (QIDP) of	eatment program must be ed and monitored by a lisability professional. not met as evidenced by: iew and interview, the facility ualified intellectual disability coordinated, integrated and treatment program for 1 of 4 e finding is:				
		sure the school knew about y inappropriate behavior and				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 01/28/2020 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	ECONSTRUCTION		(X3) DATE	
		34G140	B. WING		_	01/	14/2020
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
STEM RO	AD HOME			02 STEM ROAD CREEDMOOR, NC 2752	22		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 159	Continued From page (BSP).	6	W 159				
	core team dated 8/12	ent #5's record on 1/13/20, a /19 revealed "inappropriate peer." The core team noted ring but not any more					
	#5 was "missing" so a conducted. At that tin found to be locked. T unlock it. The staff st staff could put the key client #5 opened clien indicated client #6 sta in his behind and ther not. He was taken to						
	disability professional confirmed that the IRI notification could not b indicated that the sche discussed among mai want to notify the sche not documented. The	lity qualified intellectual (QIDP) on 1/14/20 S with law enforcement be located. He further ool notification had been nagement but they did not ool and the discussion was e psychologist confirmed ppropriate sexual behavior					
	teachers had not been BSP. Furthermore, th revealed she was not sexual behaviors or e	ool on 1/14/20 revealed the n provided with copies of the ne teacher for client #5 aware of any inappropriate merging sexual behaviors. f client #5 ever attempting to					

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 34G140 B. WING 01/14/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 702 STEM ROAD STEM ROAD HOME CREEDMOOR, NC 27522 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 159 Continued From page 7 W 159 touch anyone inappropriately. She stated she hoped the home management would notify the school of any such emerging behaviors. She also indicated client #5 is not monitored at all times and he is independent at walking to classes and to the bathroom. W 369 DRUG ADMINISTRATION W 369 CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given as ordered. This affected 1 of 4 audit clients (#5). The finding is: One medication was not given at the dose it was ordered. During observations of the medication pass on 1/14/20 at 5:50am, client #5 was given Topamax 50 mg among other medications. After the observation on 1/14/20, the physician's orders signed 1/7/20 revealed, "Topamax 25 mg, Take 1 tablet by mouth twice a day 6:30 am." Interview with the nurse via phone on 1/14/20 revealed that the wrong order must be in the record. However, the QIDP confirmed there is no current order for Topamax 50 mg in the record. Note: After the survey the nurse revealed a fax copy of an order for Topamax 50 mg but the date

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	S FOR MEDICARE &					O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
		34G140	B. WING		01	/14/2020
NAME OF P	ROVIDER OR SUPPLIER		\$	STREET ADDRESS, CITY, STATE, ZIP CODE		
STEM RO	AD HOME			702 STEM ROAD CREEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
W 369	Continued From page	e 8	W 369			
W 418	÷		W 418			
	The facility must prov comfortable mattress	ide each client with a clean,				
This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility did not provide 1 of 4 audit clients (#4) a mattress, in good condition. The finding is:						
	Client #4's mattress v	vas lopsided.				
		n the home on 1/13/20 and attress had a noticeable om of the bed.				
	client #4 had needed	ff E on 1/14/20 revealed that several mattresses replaced se client would jump up and a trampoline.				
W 436	1/14/20, regarding th mattress, he offered monitored the conditi	s professional (QIDP) on e condition of client #4's no explanation if anyone ons of furnishings. MENT	W 436			
	and teach clients to u choices about the use hearing and other co and other devices ide	ish, maintain in good repair, use and to make informed e of dentures, eyeglasses, mmunications aids, braces, entified by the as needed by the client.				

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 34G140 B. WING 01/14/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 702 STEM ROAD STEM ROAD HOME CREEDMOOR, NC 27522 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 436 Continued From page 9 W 436 This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to furnish evealasses for 1 of 4 audit clients (#3). The finding is: Client #3 was prescribed single lenses eyeglasses. During observations in the home and at school, on 1/13/20-1/14/20, client #3 did not wear eyeglasses. During review on 1/13/20 of a vision exam dated 12/17/19, it was noted that client #3 was prescribed glasses, to "make things clearer." Client #3 did not need to wear the glasses full time. An additional review on 1/14/20 revealed that client #3's individual program plan (IPP) dated 12/30/19 had implemented a training goal on 1/9/20 to help client tolerate wearing his eyeglasses, with a graduated wear schedule. It was noted that the program would start, once client #3 received his eyeglasses. During an interview with the qualified intellectual disabilities professional (QIDP) on 1/14/20 he stated that client #3 was not taken to get eyeglasses yet because they had to get his Medicaid squared away, due to him using multiple names. W 460 FOOD AND NUTRITION SERVICES W 460 CFR(s): 483.480(a)(1)

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	-	ID HUMAN SERVICES MEDICAID SERVICES		FORM APPROVE OMB NO. 0938-039			
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G140	B. WING			01	/14/2020
NAME OF P	ROVIDER OR SUPPLIER	I		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1	
STEM RO	AD HOME				2 STEM ROAD REEDMOOR, NC 27522		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
W 460	Continued From page Each client must rece well-balanced diet ind specially-prescribed of	eive a nourishing, cluding modified and diets.	w	460			
	This STANDARD is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to provide the proper diet consistency for 3 of 4 audit clients (#1, #3 and #5). The findings are: 1. Clients #1 and #3 food was not cut up into bite size pieces.						
	a. During observation 5:15 pm, Client #1 wa beef tips with gravy a	as in the home on 1/13/20 at as served chunky pieces of nd cooked carrot slices, the food was not cut into 1/2 nsumed.					
	Review on 1/13/20 of Client #1's individual program plan (IPP) dated 5/15/19 revealed that he was on a regular diet with 1/2 inch bite size pieces.						
	5:15 pm, Client #3 wa beef tips with gravy a	ns in the home on 1/13/20 at as served chunky pieces of nd cooked carrot slices, the food was not cut into 1/4th ore consumed.					
	program plan (IPP) d	Client #3's individual ated 12/30/19 revealed that diet with 1/4th of an inch bite					

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During an interview on 1/14/20 with the qualified intellectual disabilities professional (QIDP), confirmed clients #1 should have a cut diet (1/2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVE COMPLETED MAME OF PROVIDER OR SUPPLIER 34G140 B. WING 01/14/20 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 01/14/20 STEM ROAD HOME CREEDMOOR, NC 27522 CREEDMOOR, NC 27522 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION SHOULD BE COM			ID HUMAN SERVICES MEDICAID SERVICES					MAPPROVED 0. 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STEM ROAD HOME 702 STEM ROAD (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Com W 460 Continued From page 11 inch pieces.) and client #3 should have a cut diet (1/4 inch pieces.) W 460 W 460 2. Client #5's food was not consistently cut into 1/2 bite size pieces. W 460 W 460 Observations of dinner on 1/14/20, revealed that client #5 had large round cuts of carrots and large pieces of befef. He ended up making a beef sandwich. Additionally, at breakfast he had whole toast, eggs and strips of bacon and began eating without any assistance in cutting his food items. Interview with the QIDP on 1/14/20 confirmed W 460	STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,			(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STEM ROAD HOME 702 STEM ROAD (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM W 460 Continued From page 11 inch pieces.) and client #3 should have a cut diet (1/4 inch pieces.) W 460 W 460 2. Client #5's food was not consistently cut into 1/2 bite size pieces. Deservations of dinner on 1/14/20, revealed that client #5 had large round cuts of carrots and large pieces of beef. He ended up making a beef sandwich. Additionally, at breakfast he had whole toast, eggs and strips of bacon and began eating without any assistance in cutting his food items. Interview with the QIDP on 1/14/20 confirmed W 460			34G140	B. WING			01/	14/2020
STEM ROAD HOME CREEDMOOR, NC 27522 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM COM COM CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM COM COM COM CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM COM COM COM COM COM COM CONSTRUCTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM COM COM COM COM COM COM COM COM COM	NAME OF PF	ROVIDER OR SUPPLIER		•				
PREFX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COM TAG W 460 Continued From page 11 inch pieces.) and client #3 should have a cut diet (1/4 inch pieces). W 460 W 460 2. Client #5's food was not consistently cut into 1/2 bite size pieces. Observations of dinner on 1/14/20, revealed that client #5 had large round cuts of carrots and large pieces of beef. He ended up making a beef sandwich. Additionally, at breakfast he had whole toast, eggs and strips of bacon and began eating without any assistance in cutting his food items. Interview with the QIDP on 1/14/20 confirmed	STEM ROA	AD HOME						
 inch pieces.) and client #3 should have a cut diet (1/4 inch pieces). 2. Client #5's food was not consistently cut into 1/2 bite size pieces. Observations of dinner on 1/14/20, revealed that client #5 had large round cuts of carrots and large pieces of beef. He ended up making a beef sandwich. Additionally, at breakfast he had whole toast, eggs and strips of bacon and began eating without any assistance in cutting his food items. Interview with the QIDP on 1/14/20 confirmed 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
1/2 bite size pieces. Observations of dinner on 1/14/20, revealed that client #5 had large round cuts of carrots and large pieces of beef. He ended up making a beef sandwich. Additionally, at breakfast he had whole toast, eggs and strips of bacon and began eating without any assistance in cutting his food items. Interview with the QIDP on 1/14/20 confirmed	W 460	inch pieces.) and clie (1/4 inch pieces).	nt #3 should have a cut diet	w	460			
client #5 had large round cuts of carrots and large pieces of beef. He ended up making a beef sandwich. Additionally, at breakfast he had whole toast, eggs and strips of bacon and began eating without any assistance in cutting his food items. Interview with the QIDP on 1/14/20 confirmed			as not consistently cut into					
		client #5 had large ro pieces of beef. He en sandwich. Additional toast, eggs and strips without any assistance Interview with the QII	und cuts of carrots and large nded up making a beef ly, at breakfast he had whole s of bacon and began eating ce in cutting his food items. DP on 1/14/20 confirmed					

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